



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

April 15, 2011

Mary Lewerenz, Administrator
Summer Wind, A Retirement & AI Facility
5955 Castle Drive
Boise, ID 83703

Dear Ms. Lewerenz:

An unannounced, on-site complaint investigation survey was conducted at Summer Wind, A Retirement & Assisted Living Community from April 12, 2011, to April 14, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004915

Allegation #1: Staff used an identified resident's personal care supplies for other residents when they ran out of supplies.

Finding #1: Substantiated. However, the facility was not cited as they acted appropriately by refunding the cost of the supplies back to the resident's account. On 4/13/11 at 12:05 PM, the administrator stated staff had used the identified resident's chair protector cover pads and incontinent briefs for other residents. When the issue was brought to her attention she had an in-service for all staff to correct the situation. A copy of the in-service training, dated 2/18/11, documented "all residents' personal items/property should not be shared with other residents or used by staff..." The training was signed by 32 staff members. Additionally, the administrator had a copy of the amount of money that was credited back to the resident's account.

Allegation #2: An identified resident did not receive scheduled showers according to the negotiated service agreement.

- Findings #2: Substantiated. However, the facility was not cited as they acted appropriately by refunding the cost of the bathing services back to the identified resident's account. On 4/13/11 at 12:00 PM, the administrator stated staff tried to assist the resident with showers as scheduled, but the resident would refuse. The identified resident's family hired an outside agency to assist with bathing. A care conference was conducted with the administrator and the resident's family. The facility credited the resident's account for the services that were provided by the outside agency. A copy of the care conference, and a copy of the refunded money that was credited back to the resident's account was observed in the resident's record.
- Allegation #3: The facility charged an identified resident for non-sterile gloves used when staff assisted with incontinence care.
- Findings #3: Substantiated. However, the facility was not cited as they acted appropriately by crediting the resident's account for the price of the gloves. On 4/13/11 at 12:04 PM, the administrator stated a care conference was conducted with the identified resident's family. The facility credited the resident's account for ancillary charges not previously agreed upon. A copy of a letter sent to the resident's family dated 2/24/11, documented the amount that was credited to the resident's account.
- Allegation #4: The administrator did not respond to families' or residents' complaints in writing.
- Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not responding in writing to all resident or family complaints. The facility was required to submit evidence of resolution within 30 days.
- Allegation #5: The facility had not clearly defined their billing rates and charges for services or ancillary items.
- Findings #5: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.220.02 for the admission agreement not being clear and transparent to reflect all facility charges. The facility was required to submit evidence of resolution within 30 days.

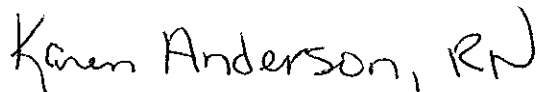
Mary Lewerenz, Administrator

April 15, 2011

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If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink that reads "Karen Anderson, RN". The signature is written in a cursive, flowing style.

Karen Anderson, RN

Health Facility Surveyor

Residential Assisted Living Facility Program



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April 25, 2011

Mary Lewerenz, Administrator
Summer Wind, A Retirement & AI Facility
5955 Castle Drive
Boise, ID 83703

Dear Ms. Lewerenz:

An unannounced, on-site complaint investigation survey was conducted at Summer Wind, A Retirement & Assisted Living Community from April 12, 2011, to April 14, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005003

Allegation #1: The facility did not inform the residents of the reason they were being quarantined.

Findings #1: Between 4/12/11 and 4/14/11, interviews with residents, staff and families were conducted. Twenty-two residents and five family members stated they were informed the facility had a "flu" outbreak and in an attempt to further spread the virus, the residents would be confined to their rooms. The administrator stated that on 3/12/11, while in the dining room, residents and some family members were informed of the "flu" outbreak. At that time, they were informed of what precautionary measures would be taken, including room isolation.

Unsubstantiated.

Allegation #2. The facility did not inform public health officials of an outbreak of a reportable disease.

Findings #2: On 4/4/11, an official from the Central District Health office stated the facility

notified them of the outbreak and they provided guidance to the facility in an attempt to control further spread of the virus. Unsubstantiated.

Allegation #3: Residents did not receive medications as ordered by their physicians.

Findings #3: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.305.02 for not ensuring residents received medications as ordered by their physicians.

Allegation #4: An identified resident fell in her bathroom due to the bathroom not being accessible to her walker.

Findings #4: On 4/12/11, a tour of the identified resident's room was conducted. The identified resident's walker was observed to be small enough to fit through the bathroom door. Further, the bathroom door was observed to be the appropriate width to allow standard wheelchairs and walkers to go through.

Unsubstantiated.

Allegation #5: An identified resident was not provided a therapeutic diet as ordered by the physician.

Findings #5: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.320.01 for not updating and implementing the identified resident's NSA to include a therapeutic diet.

Allegation #6: The facility did not disinfect tables between meals.

Findings #6: On 4/13/11 and 4/14/11, kitchen staff were observed disinfecting the dining room tables with a bleach solution after a meal. On 4/13/11 at 9:30 AM, a kitchen staff member stated the tables were disinfected after each meal. The staff member then showed the surveyor the bleach solution. The solution was tested by the surveyor and was observed to be appropriate for sanitization.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Mary Lewerenz, Administrator
April 25, 2011
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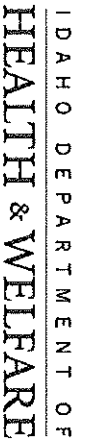
If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink that reads "Karen Anderson, RN". The signature is written in a cursive, flowing style.

Karen Anderson, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program



ASSISTED LIVING
Non-Core Issues
Punch List

Print Form

Survey Date	04/14/11
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DESCRIPTION

Date Signed 4-1-12

9/04



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June 6, 2011

Mary Lewerenz, Administrator
Summer Wind
5955 Castle Drive
Boise ID 83703

License #: Rc-480

Dear Ms. Lewerenz:

On April 14, 2011, a Complaint Investigation was conducted at Summer Wind, A Retirement & Assisted Living Community on 4/14/11. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact , Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Karen Anderson, RN

Karen Anderson, RN
Health Facility Surveyor
Residential Assisted Living Facility Program